village cobbler, blacksmith, carpenter, or constable, that they did not believe a certain person had tuberculosis or syphilis, would have no weight as evidence against the positive statement to the contrary by a competent physician.

Such is not the case in deciding the much more difficult problem about the obscure disease, insanity. In such cases any person may express his opinion and the very bulk of testimony often carries great weight with the jury.

No one will question that our present methods of conducting trials in which the sanity of the defendant is in question are archaic. And yet the remedy is a simple one, easily applied. This remedy has been suggested repeatedly by legal, medical and lay organizations and, with minor modifications, is regarded as the sensible, logical thing to do the country over. In effect it is this: In cases of suspected insanity, criminal or otherwise, the actual condition of the patient is to be determined, not by a jury of laymen, but by a commission of trained observers who are competent to judge in such matters and who are appointed by a judge to determine the one point as to whether or not the patient is insane. The physicians would receive the same remuneration, whatever their decision, so there could be no question about their opinions being influenced by a monetary consideration.

Apparently there is no question that some such arrangement would be more just, and would serve the ends of justice better, than the present system of deciding these matters through the medium of lay juries. And yet, in certain states where repeated attempts have been made to put some such law into effect, it has never been possible to carry it out.

Why? There seem to be four very explicit reasons why such a law always gets clogged and sidetracked in the legislative machinery and fails to get through. These four reasons are as follows:

1. The opposition of certain influential criminal lawyers who would be deprived of an opportunity to show their skill and oratory if such a law were passed;

2. The sensational physician, who is in effect a professional witness, and who would lose the glamour and publicity of a court trial if his statements were confined to an unobtrusive report, confided to a judge;

3. A certain class of judges in the criminal courts who glory in the publicity given by the newspapers in public trials; and

4. The general indifference of the public at large to anything that concerns insanity, except on those sporadic occasions when insanity is the defense in some notorious trial.

These influences, strange as it may seem to the ordinary observer, have been sufficient to defeat the necessary legislative action. And the outlook for the future seems just as uncertain now as it was thirty or forty years ago when these matters were first proposed and accepted by the majority of intelligent thinkers.

GONORRHEA IN WOMEN *

By GEORGE K. HERZOG, M. D., San Francisco

The object of this paper is to re-emphasize the most neglected of all gynecological conditions. Gonorrhea is the fundamental cause of much misery and suffering, loss of time on the part of the patient, sterility, and blindness of the newborn.

Chalfant (Jour. A. M. A., June 3, 1922) discusses some gynecological misdemeanors. Perhaps he considered the neglect of gonorrhea a felony and thus eliminated it from his misdemeanors. Too often pus tubes are removed and a gonococcic pus discharging urethra left untreated. Can it be that some surgeons, in their enthusiasm to remove the pathologic tubes, overlook the importance of the urethritis and allow the patient to continue on her journey, infecting others and spreading the disease?

A woman suffering from smallpox or diphtheria is isolated; but with a gonorrheal discharge she is allowed to remain free to spread infection.

The woman practicing prostitution constitutes an endless chain of infection against which little or no attempt is made to protect the public. A mistaken chivalry shields the woman in most instances and a corrupt or indifferent political condition fails in the discharge of an important duty.

Physicians have made many advances in the prevention and cure of disease, but progress in treating gonorrheal conditions is at a standstill. The general treatment is practically the same as it was fifty years ago. The germicides of that period are still used, and the failure of that period still exists. Occasionally a new drug, such as mercurachrome or acriflavine, is put forward, but after an honest trial, it falls into the same category as silver nitrate, sulphate of zinc, bichloride of mercury, and potassium permanganate. Slow progress in treating gonorrhea in women is in part due to the fact that the profession rarely sees the patient in the acute stage.

The man with a slight urethral discharge usually consults a physician immediately, but the woman seldom comes under our observation until the disease has spread to the cervix, the body of the uterus, and sometimes the tubes. A slight urethral discharge with burning on micturition does not worry the female, while the male considers these symptoms worthy of medical attention.

The patients seen in both private and in clinical practice are usually the advanced cases with the glands of Bartholin, Skene's glands, the cervix, and often the tubes involved. It is in these cases that a felony is committed by some surgeons in removing the interabdominal condition and leaving the disease in the vulvo-vaginal tract. To cure the patient, the glands of Bartholin should always be excised, Skene's glands should be opened and cauterized, not with drugs, but with the thermocautery, and the urethra should be injected with a strong silver nitrate solution. The cervix should

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be dilated and here again the cautery liberally applied.

Under this treatment the patient is cured and the source of infection has been removed. This technique has been recommended for some time and prevails in some larger clinics, but is often neglected by many physicians. The average woman suffering from gonorrhea is given the usual washes and is irrigated perhaps a few times at the office by the physician. The patient tires quickly of this treatment and discontinues it until the abdominal symptoms drive her to the surgeon. The knife and cautery applied as I have directed would often avoid the necessity of abdominal surgery.

The principal objection raised against cauterizing the cervix is the destroying of the endocervical glands with consequent sterility, but usually the woman is already sterile, for the tubes are infected and occluded. Another objection to the cauterizing of the cervix is that a stricture with menstrual disturbances or obstetric obstruction may result. This is only problematical. I have never seen such a result. Even in those cases where the disease has not reached the fallopian tubes, I think it is better to remove the cause and not worry about the probable effect. Objection has also been raised against the cicatrix that occasionally remains about the cervix after the cautery, thus increasing the danger of malignancy. However, until more definite proof is produced, this objection should not be considered.

It is only too often that the physician fails to diagnose gonorrhea because he does not find the gonococcus. The fault lies usually with him and not with the laboratory technician. It is necessary usually to milk the urethra, not gently, but with considerable pressure. The pus should be expressed from Skene's glands. The surgeon likewise should locate the glands of Bartholin and again utilize force to obtain the pus. The cervix should be very carefully wiped off and it should be sponged with sterile water a half dozen times, and then when massaged the discharge should be collected on a slide and examined. Several slides should be made on different days before the diagnosis is definitely established.

Leucorrhea is very often of gonorrheal origin, and should be so considered where the patient has had marital relations, until proved otherwise. Particularly does this hold true in the young woman. One can safely say that an abscess of the gland of Bartholin is always gonorrheal, and a urethral discharge is of the same origin until proved otherwise.

Urethral caruncle, of gonococcic origin, is often seen in improperly or inadequately treated patients. I have had unusual success with the use of Skene's urethroscope and the high-frequency spark in relieving this condition. This treatment may be carried out in the office under local anesthesia.

Peri-urethral abscess in the female following gonorrhea is a troublesome and unsatisfactory condition, particularly when the abscess is so close to the internal sphincter that urine may be mixed with the pus.

Internal urethrotomy does not relieve this condition, while external urethrotomy is very apt to leave the patient with a difficult and troublesome urethro-vaginal fistula. These conditions may be treated with silver nitrate applications and massage. The massage is the greatest help, but in some patients surgery becomes necessary.

Young women in particular are prone to neglect to call on the physician until the pelvic organs are involved and surgical interference is required.

I have not dwelt upon the subject of pelvic complications following gonorrhea of vulvo-vaginal tract as the therapy here is more definite. Acute salpingitis requires rest and ice-bag; old pus tubes should be removed; pelvic abscesses opened and drained; while a general peritonitis should be treated as that of any other origin.

In conclusion, I wish to say that the radical treatment of gonorrheal vulvo-vaginitis, namely, the excision of the Bartholin glands and the direct application of the cautery to the urethra and cervix have given most gratifying results.

Social Service Investigators—None but reactionaries will deny the necessity for many of the existing social agencies dedicated to the prevention and mitigation of sociological problems that seem to multiply with the advancing years. Those who think far enough ahead, however, may sense certain dangers in connection with social relief that may approach the border-line of paternalism and lead far afield from the old-fashioned virtues of self-reliance and independence. It is at once apparent that most of the problems referred to have a close connection with health and sickness.

In recent years most hospitals, many dispensaries and a great majority of civic or social agencies offering free medical or surgical treatment have engaged nurses as social workers or investigators. The problem of eligibility for free sickness service is as old as the first "free dispensary." When employed as a social investigator, the graduate nurse who has never engaged in the private practice of her profession, or who has for a number of years been in a salaried position, has frequently lost touch and sympathy with the income-producing phases of the practice of medicine; and further, if improperly trained in her social work, her choice of beneficiaries for free sickness service may often be sociologically unfair to the beneficiary and to the neighborhood physicians, who are called upon to render twenty-four-hour-a-day sickness service to all, regardless of ability to pay.

Adjustment to changing conditions is necessary for the medical profession. We must come to think more and more of our responsibilities to our community; but in the meantime we must make some effort to stay the flood of uplifters, who too frequently pauperize their beneficiaries and at the same time deprive members of the medical profession of equitable opportunities for the earning of income adequate to the provisions of home, office and educational equipment essential to good medical service.

The average agency offering free sickness service operates but a very few hours each week. In the meantime, people of the community concerned are dependent twnty-four hours a day upon the service of the neighborhood physicians. Enthusiasts for social relief should therefore take cognizance of the fact that the withdrawal of a large number of possible patients from the clientele of the physician of a community may sooner or later result in a further diminution in the number of local physicians available for twenty-four-hour-a-day service.—W. F. Donaldson, Pennsylvania Medical Journal.